



I-135

# National Milk Producers Federation

National Milk Producers Federation • 2101 Wilson Blvd., Arlington, VA 22201 • 703-243-6111 FAX 703-841-9328

November 6, 2006

Patricia N. Daniels  
Director  
Supplemental Foods Program Division  
Food and Nutrition Service  
U.S. Department of Agriculture  
3101 Park Center Drive  
Room 528  
Alexandria, VA 22302

**RE: Proposed Rule, Docket No. 0584-AD77, Special  
Supplemental Nutrition Program for Women, Infants  
and Children (WIC): Revisions in the WIC Food  
Packages.**

Dear Ms. Daniels:

The National Milk Producers Federation, based in Arlington, VA, develops and carries out policies that advance the well being of dairy producers and the cooperatives they own. The members of NMPF's 33 cooperatives produce the majority of the U.S. milk supply, making NMPF the voice of nearly 50,000 dairy producers on Capitol Hill and with government agencies.

The National Milk Producers Federation has long supported the Women, Infants and Children (WIC) Supplemental Nutrition program and believes that the food packages that have been provided to participants since the program's inception in the 1970s have been tremendously successful in addressing the supplemental nutritional needs of the WIC population. We support efforts to incorporate current nutrition science in updating the WIC food packages. The proposed addition of fruits, vegetables and whole grains to the program are positive developments that could improve the nutritional status and diet quality of participants.

Jerry Kozak, President/Chief Executive Officer

Charles Beckendorf, Chairman

[www.nmpf.org](http://www.nmpf.org)

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Zia Milk Producers

Unfortunately, however, the Department's decision at the outset of these proceedings to require that any changes in the program be cost-neutral to the federal budget have undermined the scientific integrity of the process and resulted in a proposal that contains changes in the food packages based as much or more on cost than on science. In light of the critically important role of the WIC program in providing supplemental, nutrient-rich foods to economically disadvantaged women and children, it is regrettable that the Department severely handicapped its ability to make valuable, science-based improvements in the program by its decision to require reductions in some foods in order to accommodate the introduction of other foods.

We believe the reductions in dairy allocations in the proposed rule are detrimental to WIC recipients and should be reversed. In addition, we urge the proposed rule be changed to include yogurt, as proposed by the IOM, and to increase the permissible substitutability levels of cheese for fluid milk in the packages for women and children. Also in order to assure the health benefits provided by adequate dairy consumption, the proposal should encourage lactose-free milk as the preferred substitute for fluid milk for individuals with lactose intolerance. Soy beverages, even when fortified with the nutrients required in the proposed rule in an effort to mimic the nutritional profile of milk, are not equivalent to milk, are much more expensive than milk, and should not be positioned as a preferred substitute.

Milk and milk products have been a core component of WIC since the program began. They are especially important in the diets of children as a major source of dietary calcium, potassium, vitamin D and other nutrients important for growing bodies. But in addition to their importance in the diets of children, they are a core component of a healthy diet for all Americans. The Dietary Guidelines for Americans include low- and reduced-fat milk and milk products as one of three "food groups to encourage", along with fruits & vegetables and whole grains. The nine essential nutrients contained in milk include calcium, phosphorous, potassium, protein and vitamins A, D B12, riboflavin and niacin. Among these are three key nutrients identified by the IOM as low in the diets of WIC-eligible women – calcium, potassium and magnesium.

In addition to the nutrient benefits provided by milk and dairy foods, they are among the most cost-effective on a nutrient cost basis of any foods in the current or proposed WIC food packages. As

pasteurized and packaged products, they are safe and readily available in every market and throughout the year. Unlike the wide variability in nutrient content that will be delivered through fruits and vegetables depending on what products participants choose, dairy foods deliver a consistent nutrient package as they are made to a standard of identity established by the U.S. Food and Drug Administration.

Dietary calcium has been clearly demonstrated to enhance bone health at every stage of life, with high intakes being associated with formation of greater bone mass in childhood and adolescence, and with reduced bone loss and fracture risk in the elderly. Inadequate calcium and dairy food intake in youth sets the stage for skeletal fragility later in life, resulting in a higher risk for osteoporosis and fractures, which can be debilitating and life threatening.

Milk and milk products are the major source of calcium in the U.S., providing more than 70% of the calcium in our food supply. No other natural food provides milk's concentrated source of calcium along with the eight other nutrients referenced above.

Extensive research demonstrates that the vast majority of the U.S. population does not meet calcium requirements. In fact, according to data in USDA's Continuing Survey of Food Intake of Individuals (CSFII), calcium is the nutrient most likely to be in short supply in a typical American diet. Data from the National Health and Nutrition Examination Survey III (NHANES III) show similar findings.

Overall, 90 percent of U.S. women do not meet their calcium needs. In the age ranges for women most common in the WIC program, only 16% of women aged 20-29 met their calcium requirements, and only 14% of women aged 30-39 met requirements. Among pre-school children, nearly one out of three children under 5 were not meeting current requirements. And, notably, decreases in calcium intake can be seen at very early ages: 81% of children 1-2 years met requirements, but that fell to 56% for children 3-5 years of age. The trend is even more alarming in the teen years (12-19 year olds) where only 12% of females and 32% of males consume adequate calcium.

Children require adequate calcium, vitamin D, protein and other nutrients in milk for proper bone growth and maintenance. Children and adolescents' low calcium intake is of great concern because the teenage years are a period of rapid skeletal growth during which

there is a critical window of opportunity to maximize peak bone mass and protect the skeleton against future risk of osteoporosis. Bone mass later in life is determined by peak bone mass, of which more than 90% is attained by 20 years of age. Research has demonstrated that dietary calcium intake early in life is positively associated with bone mass.

In light of the inadequate calcium consumption levels by children in the general population, it is remarkable that children in the WIC population are, according to the IOM, achieving adequate consumption levels for calcium. It is strong testament to the success of the current WIC food package that economically disadvantaged children age 2-5 in the WIC program are outperforming children in the general population in terms of consumption of this critical nutrient. Given this tremendous success, it makes no sense to reduce maximum amounts for milk in the children's food package. Doing so increases the likelihood that children in the target WIC population will join the ranks of their peers not in the WIC program and consume inadequate dietary calcium, thereby compromising their future health.

Research has also demonstrated milk's importance in contributing to a healthy body weight. According to the *Federal Register* notice, one of the issues the proposed rule is aimed at addressing is the "prevalences of overweight and obesity in adults, adolescents and children." Adding fruits, vegetables and whole grains to the food packages is cited as among the changes that may contribute to a healthy body weight.

But the *Federal Register* notice does not include any discussion of the science which strongly suggests that maintaining a high intake of dairy foods among WIC recipients will not be associated with increases in body weight, and growing evidence that demonstrates increased dairy intake assists in maintaining a healthy weight and BMI. As noted by the Dietary Guidelines Advisory Committee in characterizing their review of the relevant literature in their 2004 report, "None of the studies show that milk group consumption is associated with an increase in body weight," and "There is no evidence that milk products should be avoided because of concerns that these foods are fattening."

A growing body of research indicates that individuals with high versus low dairy intake have greater success with weight loss. Research conducted by Zemel, et al, demonstrated that obese

people who consumed three to four servings of milk, cheese or yogurt while on a balanced, calorie reduced diet, lost significantly more weight and fat than those who consumed similar amounts of calcium through supplements, or who consumed one or fewer servings of milk, yogurt or cheese per day. Similar findings were observed in a multi-center trial, where people on the high dairy diet lost nearly twice as much body fat, and had greater reductions in trunk fat and waist circumference compared to the other groups (Zemel, Thompson, Milstead, et al, 2004).

Research focusing on children and adolescents strongly supports a favorable association between dairy foods, calcium, and healthy levels of body fat. Using a prospective approach beginning with children 3 years of age, Moore and colleagues found that children in the lowest tertile of dairy intake had significantly greater gains in BMI and body fat from childhood through adolescence during the twelve year study period (Moore, et al, 2003). These researchers suggest that "low levels of dairy intake may be associated with a greater acquisition of body fat during childhood."

In addition to failing to recognize milk's role in maintaining healthy weight, the proposed rule is disingenuous in attempting to rationalize proposed reductions in milk allocations by arguing that "Reducing the amount of milk provided through WIC is consistent with recommended limits on saturated fat, total fat and cholesterol consumption put forth in the DGA 2005." Clearly it is not necessary to reduce the amount of milk provided to reduce fat and cholesterol. Addressing the types of milk offered is the way to reduce fat and cholesterol, and the proposed rule does this by eliminating whole milk for children and women.

With respect to milk allowances in the packages for women (Food Packages V, VI, VII), proposed changes to reduce the amount of milk provided will result in reductions in consumption of three nutrients – calcium, magnesium and potassium -- identified by the IOM as among the highest priority nutrients to increase in the diets of women of reproductive age. The proposed rule makes an unnecessary and imprudent trade-off in sacrificing consumption of these important nutrients under the guise of reducing fat and cholesterol consumption when that specific goal is already achieved through the elimination of whole milk.

The proposed reduction in milk servings for women is even harder to defend in light of the IOM report's recognition that women in the

WIC population already have intakes of milk and milk products that are below recommended levels. On page 65 of the report, "*WIC Food Packages: Time for a Change*", the IOM committee noted that, for women in the WIC population, "Intakes tend to be low in whole grains, dark green leafy vegetables, deep yellow vegetables, cooked dry beans and peas, fruits, and **milk and milk products** (emphasis added)."

It is striking, and indefensible, that the proposed rule addresses this situation by selectively recommending inclusion of certain foods (whole grains, fruits and vegetables) but reducing availability of milk and milk products. In light of the fact that consumption of milk and milk products by women in their childbearing years is below levels recommended in the Dietary Guidelines and authorized in the current WIC food packages, the proposed rule should maintain the current milk allocations in the food packages for women and should urge WIC nutritionists to increase their efforts to educate WIC mothers about the nutritional importance of increased milk consumption.

## **Yogurt**

In the *Federal Register* notice, the Department notes that the proposed rule departs from the IOM committee recommendations in not allowing substitutability of yogurt for part of the milk allocation in the food packages for children and women. We believe the Department's failure to include yogurt substitutability in food packages IV-VII is a serious mistake. One of the reasons the IOM recommended inclusion of yogurt as a substitute for milk was their recognition of its high acceptability across diverse cultural populations served by the WIC program.

Beyond its broad cultural appeal, yogurt is a highly nutritious food widely enjoyed by women and children, and it is well-tolerated by individuals who may have trouble digesting lactose in milk. Providing yogurt as a substitute for milk would increase WIC participants' access to a highly palatable, naturally nutrient dense food that contains calcium and potassium – nutrients that are low in the diets of women and children.

This wide appeal of yogurt across all cultural groups served by the WIC program is in sharp contrast to the limited appeal of other foods that the Department's proposed rule recommends as allowable substitutes for milk, notably fortified soy beverages and tofu. While

it is implicit in the proposed rule that soy beverages are included to appeal to culturally diverse populations, there is no indication or evidence offered to support the notion that cultural groups served by the WIC program prefer soy beverages. In fact, soy beverage consumption in the U.S. remains very small on an aggregate basis as well as among the three largest populations served by the WIC program – Hispanics, non-Hispanic whites and African-Americans. Indeed, USDA's rationale for including soy and excluding yogurt boils down to a belief that very few participants would choose soy, while yogurt would be quite popular. Of course, that was presumably one reason that the IOM recommended yogurt.

So while it is not clear how the inclusion of soy beverages addresses the cultural food preferences of the vast majority for the WIC population, it is also not clear how the rejection of yogurt as a substitute meets either the cultural or nutritional needs of WIC participants. Put another way, the Department's decision to deny inclusion of yogurt cannot be defended on science or nutrition grounds. It was clearly an economic decision, with the rationale that yogurt would be much more popular among WIC participants than soy beverage or tofu. While the Department is undoubtedly correct on the question of yogurt's popularity, we believe the decision to reject yogurt substitutability is nutritionally unsupportable and culturally inappropriate. We urge the Department to examine other trade-offs that could be made to allow yogurt as a substitute.

### **Soy Beverage/Tofu as Substitutes in Food Packages**

The proposed rule's approach to soy as a substitute for milk is both inconsistent and inequitable. The proposal is inconsistent with the Dietary Guidelines for Americans' emphasis on seeking alternatives within the milk group for individuals with lactose intolerance, and is inconsistent with respect to recommendations for the food packages for women versus children. The inequity is found in the proposal's treatment of soy beverage and tofu substitutability versus that for cheese.

For children, USDA's approach is nutrition based, recognizing the critical importance of adequate intake of milk among children and allowing soy as a substitute only when a medical condition warrants such substitutability. The *Federal Register* notice acknowledges federal nutrition policy in the Dietary Guidelines and the IOM recommendation on this issue and says:

"The 2005 Dietary Guidelines for Americans stresses the importance of milk consumption in the development of bone mass in children. While soy products may be an appropriate choice for children who cannot consume milk, the IOM does not believe that soy should be made available to satisfy participant preference in the absence of a medical need."

We agree with the Department's position and with the IOM on this issue, as do medical experts. The American Academy of Pediatrics recently issued a report, "Lactose Intolerance in Infants, Children and Adolescents," in which the Academy emphasized the importance of dairy foods in children's diets, including for those who may have some difficulty digesting lactose.

While the proposed rule acknowledges the primary importance of adequate milk consumption for children, in the food packages for women the proposal advances a different position and allows for full substitutability of the milk package for soy beverages or tofu. But this approach is contrary to the advice of the Dietary Guidelines, which are clear in recommending that all Americans should consume adequate amounts of dairy foods because of the health benefits they provide. As in the language above specifically addressing children, the Dietary Guidelines are equally clear on the issue of substitutes for regular milk. The report says:

"If a person wants to consider milk alternatives because of lactose intolerance, the most reliable and easiest ways to derive the health benefits associated with milk and milk product consumption is to choose alternatives within the milk food group, **such as yogurt or lactose-free milk** (emphasis added), or to consume the enzyme lactase prior to the consumption of milk products. For individuals who choose to or must avoid all milk products (e.g. individuals with lactose intolerance, vegans), non-dairy calcium-containing alternatives may be selected to help meet calcium needs."

In other words, alternatives within the dairy group are the preferred alternative to milk. But the proposed rule rejects yogurt, makes no mention of lactose-free milk and sharply limits cheese substitutability while providing full substitutability for soy products. And these recommendations are made despite the overwhelming evidence in the marketplace that Americans of all economic levels



prefer milk and milk products over fortified foods attempting to mimic the nutrient profile of milk.

The proposal's failure to address the importance of lactose-reduced and lactose-free milk for those individuals with lactose intolerance is unfortunate, especially in light of the Dietary Guidelines advice. Under the current WIC program, women must declare themselves lactose intolerant or have documentation from a doctor to receive reduced lactose milk. There is nothing in the proposed rule to indicate that policy will change; and yet, under this proposal, women will be able to substitute soy beverages – which are up to three times more expensive than milk – with no demonstrated medical need.

The proposal could be improved by providing clear language that encourages lactose-free milk as the preferred alternative to regular fluid milk for individuals who have difficulty digesting lactose, including yogurt as a substitute for milk, and maintaining cheese substitutability at the levels allowed in the current packages.

With regard to the proposed rule's fortification levels that would be required of soy beverages, we believe these provisions are necessary. At the same time, we are compelled to point out that the Dietary Guidelines are clear in recommending that nutrition guidance should focus on obtaining nutrients through foods rather than supplements. By defining the various nutrients that must be added to soy powder and water to produce a beverage designed to mimic that natural nutrient package in cow's milk, the Department is, in effect, recommending what amounts to a supplement over natural food options (lactose-free milk, yogurt).

In addition, despite proposing establishment of fortification levels for select nutrients that must be added to a soy beverage in order to be eligible for the WIC program, this does not address the issue of solids settling at the bottom of soy beverage cartons that was identified in a scientific paper (published in *Nutrition Today*, 2004) and in Congressional testimony by Dr. Robert P. Heaney. This settling effect could result in WIC recipients consuming a portion of a soy beverage that does not contain nutrients at the levels proposed by USDA. In contrast, such separation and settling in the package is never an issue with milk and milk products – they naturally deliver a uniform nutrient package.

## **Cheese**

The proposed rule permits cheese to be substituted for milk, but the amount of the allowed substitution would be greatly reduced. Under the current program, women and children can receive up to four pounds of cheese per month in substitution for up to 12 quarts of milk. Under the proposed rule, no more than one pound of cheese per month could be substituted for children and for non- or partially-breastfeeding women.

While the change appears to be the result of efforts to offset program costs in order to add other foods to the WIC package, we believe this proposal goes too far. Cheese is a popular food across many cultural populations served by the WIC program and it is a low-lactose food that digests more easily for people with low levels of lactase enzyme in their digestive tract. Cheese provides many key nutrients for people of diverse cultural backgrounds. It is also enjoyed by many people who consume little or no fluid milk.

There are many reduced-fat cheeses in the market today, allowing the Department to provide flexibility to WIC participants in choosing a combination of regular and reduced-fat cheeses. Given the wide popularity of cheese among all populations served by the WIC program, it would be a mistake to limit its availability to the extent proposed in this rulemaking.

With regard to calcium-set tofu, the proposed rule would allow one pound of tofu to be substituted for one quart of cheese, up to a maximum of four pounds of tofu in Food Packages V and VI, and up to six pounds of tofu in Food Package VII. Given the extremely limited consumption of tofu in the American diet and the lack of functional correlation of this product to milk or milk products, it is difficult to understand its inclusion in the proposed Food Packages. While tofu may fit naturally into some food patterns, it is not widely used in Hispanic, non-Hispanic white, or African-American food patterns; therefore it does not represent a realistic or culturally appropriate option for these groups.

Neither is tofu nutritionally or functionally equivalent to milk. While calcium-set tofu contains several of the micronutrients found in milk, its nutrient content varies considerably among different preparations. From a functional standpoint, tofu is not a substitute for milk, yogurt or cheese. It is obviously not consumed in liquid form like milk, nor is it consumed as a ready-to-eat food like yogurt

or cheese. It does not function as a cheese substitute in cooking. Rather than be considered as a milk substitute, tofu is more appropriate as a meat substitute; since protein is not a nutrient of concern with regard to inadequate intake among adolescent and adult women, there is little rationale for its inclusion over numerous other foods that could be included in the WIC food packages.

### **Cultural Acceptability**

The proposed rule notes the IOM's recommendations to take into account cultural food preferences as part of the rationale for changes in the food packages. We support the inclusion of culturally appropriate nutrient-rich foods that provide the nutrients of concern regarding inadequate intake for specific groups. While the proposal makes broad reference to cultural food preferences throughout the document, there is little specificity with regard to what cultural groups are being addressed.

The Department has reported that between 1992 and 2004, the percentage of WIC participants identified as white or black has declined by 16%, accompanied by a 16% increase in the percentage of participants identified as Hispanic.

We would point out that all three of these groups – whites, African-Americans, and Hispanics – regularly consume cheese as part of their diet. Yogurt is growing in popularity with virtually all cultural groups. Both foods can contribute key nutrients to the diets of WIC participants. Yet, the proposed rule selectively takes cultural preferences into account, employing them for some groups while denying them for others. (Indeed, the proposed rule seems at times to use "cultural preferences" as nothing more than a synonym for "soy.") The reduced substitutability of cheese for milk in the proposed rule may hit hardest at Hispanics who, at 39% of all participants are the fastest growing population in the WIC program.

### **Infant Food Package**

Earlier in our comments we expressed the concern that the proposed rule seemed driven more by cost considerations than by science. This concern is exacerbated by the recommendations to shift food and resources away from other food packages in order to include infant food in Food Package II for 6-12 month infants. We support the decision to eliminate juice from this package because it is clear that there is no nutritional need. But as the IOM report

made clear, neither is there a nutrient need for fruit and vegetable baby food for this group. While numerous nutrient inadequacies were identified for WIC-eligible children and women, the IOM report noted no nutrients of concern with regard to inadequate intake for infants served by Food Package II (with the exception of iron and zinc for fully breastfed infants).

Yet despite the fact that the current WIC program is clearly working as intended and providing the nutrients necessary to infants, the rule proposes to cut funds for other program participants in order to increase expenditures on a group that is currently being well-served. When there are greater nutritional needs in other groups, it seems to make no sense to increase the cost of Food Package II by more than 26% (from current \$30.62/ month to \$38.74/month per participant) while cutting the cost of the food packages for young infants (birth-3 months) and children. The increase in the cost of Food Package II is more than three times the increase in any of the food packages for women. (Increases in Food Packages V-VII range from \$.73 to \$2.26 per month.)

The five year cost of this proposed increase in Food Package II is \$983 million, hardly an insignificant sum when numerous other alternatives that would actually address the nutrient needs of WIC participants were rejected. When overall program cost is as much a determinant of policy considerations as it has been in this proposed rule, it is difficult to justify spending nearly \$1 billion on a change that is not warranted on nutritional grounds, especially when there are greater needs elsewhere in the WIC program.

These funds would be better used to address other more pressing issues such as the inclusion of yogurt in the food packages for children and women, moderating the proposed reductions in infant formula, maintaining fluid milk allocations closer to current levels, increasing the substitutability of cheese from the levels proposed in the rule and increasing the amount of the fruit and vegetable vouchers to levels above those contained in the current proposal.

### **Nutrition Tailoring**

We agree with the proposed rule's elimination of categorical nutrition tailoring by state WIC agencies. The changes to the various food packages that have been proposed by IOM and included in the proposed rule address many of the issues that have been raised regarding the suitability of the food packages for WIC

participants. Eliminating categorical tailoring will help protect the integrity of the WIC program and prevent state WIC agencies from making inappropriate cuts in the packages. Whatever the value of categorical tailoring in the past, many of the changes proposed in this rule make it unnecessary once the rule is implemented. As proposed, authority for individual nutrition tailoring would continue and that provision adequately addresses any need to modify foods offered in the WIC food packages.

## **Implementation of Revised Food Packages**

In its *Federal Register* notice, the Department noted that the IOM identified certain changes that were so significant that it recommended pilot testing or limited application of the changes before full-scale implementation. The Department sought comments from interested parties on this issue.

We strongly agree that many of the proposed changes, especially those based less on nutrition science and more on assumptions and hoped-for outcomes, would be better off tested with a smaller group to see if the desired outcomes are achieved.

Among the proposals that we believe should be pilot-tested are:

- Adding soy beverage and calcium-set tofu as substitutes for milk and reducing cheese substitutability. This proposal should be pilot-tested to see if WIC recipients (a) desire the change and (b) to measure the nutritional impact of the change. Part of the pilot could also include offering yogurt as a substitute to see which products WIC recipients actually prefer from a cultural standpoint. This would provide more and better data than the anecdotal information underlying the current proposal's inclusion of soy beverages and tofu.
- Compare the proposed fruit and vegetable pilot to a pilot based on a more nutritionally targeted Dark Green and Orange Vegetable Rule. While the addition of fruits and vegetables is certainly an improvement in the WIC program, the decision to allow broad choice in selection of fruits and vegetables compromises the proposal's ability to assure that target nutrients will be consumed. Given the nutrients that are inadequate in the diets of the various WIC participant groups, it is clear that the dark green and orange vegetable groups offer the highest concentrations of those nutrients. A pilot

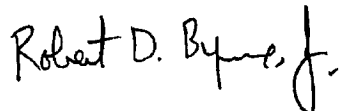
test that compares outcomes would shed needed light on how to maximize nutrient intake from foods in this group.

## **Conclusion**

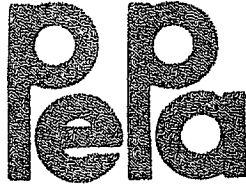
We believe the proposed rule contains some meaningful and valuable improvements in the WIC program as well as some changes that are unwarranted, unnecessary and could be harmful to the program's success.

We hope the Department will take our views into account and will modify the proposed rule before it is finalized to address some of the concerns raised in this submission. We appreciate the opportunity to comment on this proposal.

Sincerely,

A handwritten signature in black ink that reads "Robert D. Byrne, Jr." with a stylized flourish at the end.

Robert D. Byrne, Ph.D  
Senior Vice President  
Scientific and Regulatory Affairs



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November 6, 2006

Patricia N. Daniels, Director  
Supplemental Food Programs Division  
Food and Nutrition Service, USDA  
3101 Park Center Drive, Room 528  
Alexandria, Virginia 22303

**RE: Docket ID Number 0584-AD77, WIC Food Packages Rule**

Dear Ms. Daniels:

On behalf of the Pacific Egg & Poultry Association membership representing egg producers and allied members in the states of Oregon, Washington, California, Hawaii, Arizona, Idaho and Colorado I would like to register our strong opposition to USDA's proposal to reduce the role of eggs in the Women, Infants and Children (WIC) program.

Quite frankly, cutting the monthly WIC package egg allotment from 2 ½ dozen eggs per month to 1 dozen eggs per month does not make sense from both a nutrition standpoint as well as an economic standpoint.

The primary nutrient benefits derived from eggs include: high quality **protein** for optimal growth and development, **choline** important in brain functions including fetal/neonatal brain development, a highly bioavailable source of **lutein and zeaxanthin** which are related to eye health, and a noted satiety effect which can help in the battle against obesity in children.

Children having eggs for breakfast, or as a snack, will have a lower glycemic response, a longer time interval before they become hungry again, and a lower caloric intake at lunch or the meal following the egg snack. All these factors can significantly contribute to loss of excess weight and maintenance of appropriate body weight while maintaining nutrient balance.

Eggs are classified as a nutrient dense food item providing a wide range of essential vitamins and minerals at a relatively low caloric cost. Eggs contain every essential nutrient except vitamin C – they are often referred to as nature's perfect protein "the one by which all others are measured because an egg contains all the essential amino acids in proper proportion for human nutrition".

Eggs are truly "nature's miracle food" and in light of the health benefits attributed to eggs we urge you to reconsider the proposed cutbacks and ask that you maintain eggs in the program at the current level of 2 ½ dozen eggs per month.

Thank you for your consideration of our request.

Sincerely,

Debra J. Murdock  
Associate Director  
Pacific Egg & Poultry Association

2006 INDUSTRY PERSON OF THE YEAR - ARNIE RIEBLI



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November 6, 2006

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### Egg Food Safety Center

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U.S. Department of Agriculture  
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**RE: Docket ID Number 0584-AD77, WIC Food**

### Packages Rule

Dear Ms. Daniels:

These comments are submitted on behalf of United Egg Producers, a farm cooperative whose independent members account for about 90% of U.S. shell egg production. We appreciate the opportunity to provide UEP's views on the proposed rule entitled, "Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages."

WIC has consistently been ranked by independent evaluations as among the nation's most successful nutrition programs. It enjoys wide public support. UEP supports the program and understands the need to review the food packages. The U.S. Department of Agriculture (USDA) is to be commended for seeking ways to make fruits and vegetables more available to WIC participants.

Unfortunately, USDA's proposed rule allows budgetary strictures to override sound nutritional science. In basing food package changes on budget neutrality rather than WIC participants' true needs, USDA has been compelled to reduce several healthful foods in the various WIC packages.

The proposed rule cuts the maximum monthly prescription for eggs by 60% and the average actual prescription by 50%. As these comments will explain, this action will deprive WIC participants of important nutritional benefits, including some that were apparently not taken into account by USDA.



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## **Provisions of the Proposed Rule Specific to Eggs**

1. The proposed rule would allow the substitution of pasteurized liquid whole eggs or dried egg mix for fresh shell eggs. **UEP supports this provision**, which will provide additional flexibility for WIC participants who may prefer to obtain eggs in a different form.
2. The proposed rule would authorize hard cooked eggs, where readily available for purchase in small quantities, for homeless participants. **UEP supports this provision**, which recognizes the limited access to cooking facilities among some eligible participants.
3. The proposed rule would reduce the maximum monthly allowance for shell eggs from the current 2 or 2-1/2 dozen to 1 dozen for children and women in Food Packages IV, V and VI, and 2 dozen for fully breastfeeding women in Package VII. **UEP strongly opposes this provision**, and the remainder of our comments will explain why.

## **Rationale for Reducing Eggs**

The proposed rule cites two reasons for reducing the maximum amount of eggs: (1) "recommendations of the IOM and the DGA 2005 to reduce cholesterol," and (2) the fact that "the IOM determined that protein is no longer a priority nutrient for the WIC population." [11]

### *Cholesterol*

The Dietary Guidelines for Americans, 2005, recommend consuming "less than 300 mg/day of cholesterol." [12]

- **WIC participants are not over-consuming cholesterol.** USDA published an article entitled "A Look at the Diet of Pregnant Women" that found WIC participants' daily cholesterol intake was 273 mg. This was, in fact, *less* than a comparison group of women below 185% of the poverty level who were not WIC participants (their consumption was 317 mg/day). [7]
- **Even the maximum amount of eggs in the WIC package does not exceed the DGA recommendation for cholesterol.** A woman receiving 2-1/2 dozen eggs per month would receive 30 eggs – an average of almost exactly one egg per day. A large egg has 215 mg of cholesterol, less than the 300 mg/day recommendation, according to most nutrition labels, while assayed values listed in USDA's nutrient data bases are somewhat less, 212.5 mg. [17]

- **The actual average prescription is even farther below the DGA recommendation for cholesterol.** Since eggs are not commonly sold in half-dozen cartons, most WIC participants are prescribed 2 dozen eggs under the current food packages. (Average prescribed amounts, according to the Regulatory Impact Analysis published with the proposed rule, are 1.83 dozen for children, 1.99 dozen for women in Package V, 1.78 dozen for women in Package VI and 2.00 dozen for women in Package VII.) [11] Two dozen eggs per 30-day month is 0.8 egg per day, or about 172 mg of cholesterol, 43% below the DGA recommended daily intake.
- **Intake of an egg a day is not associated with increases in serum cholesterol.** A study recently published in *The Journal of Nutrition* found that women consuming six eggs per week – almost exactly the amount in the average WIC prescription – did not see increases in serum cholesterol. [15] A separate study of seniors in the same journal also found no rise in serum cholesterol from eating one egg per day. [3]
- **The link between dietary cholesterol and serum cholesterol is called into question by recent research and meta-analyses.** A meta-analysis by University of Arizona researchers published in the *American Journal of Clinical Nutrition* examined 224 studies among 8,000 participants over 25 years and concluded that the blood cholesterol levels of healthy people will probably remain about the same when they eat eggs, and that for most healthy people, saturated fat affects blood cholesterol more than does dietary cholesterol. [4] In addition, a study published in the *Journal of the American Medical Association* found no link between egg consumption and coronary heart disease in a population of 117,000 nurses and health professionals over 8-14 years. [5]

### *Protein*

Although protein is no longer a priority nutrient, the IOM did find that over 17% of pregnant and lactating women have inadequate protein intakes. [6] More important, as explained in more detail below, eggs are an inexpensive and affordable source of high-quality protein and offer many practical benefits to WIC participants, including portion size, ease of preparation, long shelf life and satiety value.

### **Eggs Are Nutrient-Dense**

The DGA 2005 recommend “a variety of nutrient-dense foods” and describes such foods as those “that provide substantial amounts of vitamins and minerals (micronutrients) and relatively few calories.” Food groups are intended to represent the different nutrients that are required to make a healthy diet. Substituting members from the fruit and vegetable group for a member of the meat and beans group would not be consistent with the intentions of the DGA 2005. [12]

Eggs are nutrient-dense. Their contribution of several important vitamins and minerals to the American diet exceeds their contribution of food energy (calories). Eggs contribute only 1.3% of total food energy in the American diet and just 2.0% of the fat, but supply –

- 6.4% of the riboflavin;
- 5.1% of the folate;
- 4.3% of the vitamin A;
- 4.3% of the vitamin E;
- 3.9% of the protein;
- 3.7% of the vitamin B12;
- 3.6% of the phosphorus;
- 2.8% of the zinc;
- 2.4% of the iron; and
- 2.1% of the vitamin B6. [2]

### **Eggs Supply Priority Nutrients Lacking in WIC Recipients' Diets**

The IOM identified as priority nutrients lacking in the diets of WIC recipients –

- For children, vitamin E, fiber and potassium; and
- For women, calcium, magnesium, vitamin E, potassium and fiber, but the IOM found “more moderate, but still high, levels of inadequacy” for vitamins A, C and B6 and folate. [6]

A large whole egg supplies the following percentage of daily values for selected priority nutrients:

- Vitamin E, 1.75%;
- Potassium, 1.73%;
- Calcium, 2.45%;
- Magnesium, 1.25%;
- Vitamin A, 6.35%;
- Vitamin B6, 3.5%; and
- Folate, 5.88%. [1]

### **The Proposed Rule Fails to Consider Important Nutritional Benefits From Eggs**

Unfortunately, the proposed rule does not consider some of the important nutritional benefits of eggs.

- **Eggs are an excellent source of choline, a nutrient determined to be essential for humans by the Institute of Medicine. Choline is required for normal development of brain tissue in the fetus. Choline needs increase**

substantially during pregnancy and lactation indicating its importance during this sensitive period for optimal brain and memory development. Recent research has shown that choline requirements of the fetus place a heavy burden on the maternal stores of choline and that choline becomes a limiting nutrient during folate deficiency, resulting in a build up of homocysteine concentrations in the maternal blood supply. [8] Elevated plasma homocysteine in maternal circulation has been linked to adverse pregnancy outcomes including neural tube defects, stillbirths, preeclampsia, prematurity and clubfoot. [14] Although recognition of choline's importance is relatively recent, dietary reference intakes (DRIs) were issued by the Institute of Medicine in 1998, and it is puzzling that choline does not appear to have been seriously considered in the proposed rule.

- **Eggs contain the carotenoids lutein and zeaxanthin in a highly bioavailable form.** These nutrients are stored in the retina of the eye and have been shown to prevent macular degeneration later in life. [3,15]
- **Eggs are a valuable source of heme iron.** This form of iron is absorbed more than twice as efficiently as simple elemental iron found predominantly in vegetable sources. [16]
- **Eggs contain nutrients especially important during pregnancy and lactation, such as folate.** Folate is necessary for the production and maintenance of new cells and is especially important during periods of rapid cell division and growth. Adequate folate and choline are needed to prevent developmental abnormalities such as neural tube defects during critical periods of fetal development. Both adults and children need folate to make normal red blood cells and prevent anemia. Animal and human studies indicate a mutually supportive role for choline and folate. When choline deficiency is experimentally induced, folate metabolism is disturbed. [8]
- **Eggs are a source of high-quality protein.** Eggs have a biological value (efficacy with which protein is used for growth) of 93.7%, and are the standard against which other protein sources are measured. Comparable values are 84.5% for milk, 76% for fish, and 74.3% for beef. [16]
- **Eggs have a beneficial monounsaturated to saturated fat ratio and contain modest amounts of fat.** Although eggs contain fat, a large egg provides less than 8% of the daily value for total fat and saturated fat. Eggs contain only trace amounts of trans-fats. [9]
- **Eggs are a low-sodium food.** Eggs have less than 140 mg of sodium per 100 g. [2] Sodium intake was identified as excessive among most WIC participants.

Eggs also offer several practical advantages to consumers and to WIC participants in particular:

**Eggs are convenient and easy to prepare.** Cooking times are short. Eggs are naturally portion-sized for children, and can be prepared in many culturally familiar ways. Eggs are widely available in most localities and are often the mainstay of a low income diet. A reduction of eggs in the monthly WIC package can force low income working families to choose less nutrient dense foods that are often higher in the nutrients of excess, namely saturated fat, sugar and trans fat.

- **Eggs have a long shelf life.** They stay good for 4-5 weeks when kept properly refrigerated.
- **Eggs are inexpensive and affordable.** From 2000 through 2004, the retail price of a dozen eggs averaged \$1.09. That means that a serving of one egg cost less than a dime. The 2000-04 average price was virtually unchanged from the nominal price a decade earlier, in 1990 -- \$1.01. Indeed, it was little changed from the nominal price *two* decades earlier -- \$0.85 in 1980. And of course, when adjusted for inflation eggs are an even better bargain for consumers today. [10] (In this regard, the Regulatory Impact Analysis uses an unfair and inappropriate technique to estimate inflation rates for various foods, including eggs. The RIA assumes an 11% inflation rate for eggs, presumably on the basis of a short period in 2003-04 when prices rose rapidly. [11] Even a cursory look at longer periods of time would have made it clear that this is a wildly excessive inflation rate, and in fact egg prices were sharply *lower* in 2005 and 2006 than in the brief 2003-04 period of higher – and for producers, profitable – prices.)
- **Eggs promote satiety.** Recent research has shown that eggs at breakfast provide long-term satisfaction from hunger, helping to prevent excessive energy intake at other times. [13] Since overweight is a concern among many WIC participants, the satiety-related benefits of eggs should have been considered as part of a strategy to encourage nutrient-dense food consumption in place of empty calories.

### **Instead of Reducing Eggs, USDA Should Seek More Funding for WIC**

WIC is widely recognized as an effective supplemental feeding and nutrition counseling program. It serves a large segment of the U.S. population, and its beneficial effects on nutrition and health outcomes have been demonstrated.

Adding more fruits and vegetables to WIC food packages makes sense. What does not make sense is to sacrifice a healthy food like eggs – especially when eggs offer beneficial nutrients that are of particular importance to pregnant and lactating women and their infants and children, such as choline and folate.

The Administration should propose an increase in the WIC program budget, in an amount sufficient to retain eggs and other healthful foods at their present level in the food packages. We believe strongly that such a proposal would receive widespread support from nutrition advocates, producer groups and the food industry.

In any case, USDA should reconsider its ill-advised proposal for drastic cuts in the amount of eggs available to WIC participants. By removing a low-cost source of high-quality protein; by reducing participants' access to a source of choline, folate and other nutrients important in fetal development, infancy and childhood; and by cutting back on a food that promotes satiety and so may discourage overconsumption of minimally nutritious foods – by all these actions, USDA is poorly serving the WIC population. We strongly urge USDA to reconsider the proposed rule's provisions that reduce maximum egg prescriptions.

Sincerely,



Al Pope, President



Dolph Baker, Chairman of the Board

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# American Bakers Association

*Serving the Baking Industry Since 1897*

I-138

November 6, 2006

Patricia N. Daniels  
Director, Supplemental Food Programs Division  
Food and Nutrition Service, USDA  
3101 Park Center Drive, Room 528  
Alexandria, Virginia 22302

Re: WIC Food Packages Rule  
Docket ID 0584-AD77  
71 Fed. Reg. 44784 (August 7, 2006)

Dear Ms. Daniels:

These comments are submitted on behalf of the members of the American Bakers Association (ABA). For over 100 years, ABA has represented the interests of the wholesale baking industry and its suppliers — companies that work together to provide over 80 percent of the wholesome and nutritious bakery products purchased by American consumers. Accordingly, ABA appreciates this opportunity to submit these comments on proposed revisions to the WIC Food Packages rule, and will specifically discuss the opportunity to include bakery products to WIC for the first time.

ABA applauds the United States Department of Agriculture (USDA) for its efforts to propose changes and expansion of the WIC food package to enhance much needed whole grains to the package. Such additions to the program will increase the appealing, nutritional choices for program participants in a meaningful way.

While ABA believes that changes are needed, the association is making recommendations to USDA's proposed changes that we believe will add further value and flexibility for the specific program demographic populations. ABA's recommendations are outlined below:

## **Program Definition for Whole Grain**

The 2005 Dietary Guidelines for Americans recommends and promotes the need for consumers to eat at least three one-ounce equivalents of whole grains daily. Americans currently fall short of this recommendation on average, consumer one serving of whole grains daily. ABA supports the goals to increase whole grain consumption in the WIC population. It should be noted that there is no specific level that has been proven to reduce the risk of various diseases. However, incremental increases of whole grain in the diet can be beneficial as this has been illustrated in the Harvard Nurses' Health Study <sup>1</sup> and the Male Physicians' Health Study <sup>2</sup> with as little as one serving of whole grain per day associated with reduced risk of chronic diseases.



In its WIC revision proposal, USDA deviated from the Institute of Medicine's (IOM) recommendation of 51% by weight of the grain being whole, to 51% of the entire product being whole grain. ABA believes the USDA recommendation is too restrictive and thereby eliminates many wholesome and healthy bread products from inclusion in the program. Bread has a high water content (40 percent) and restricting acceptable whole grain levels to 51% by weight leaves few palatable bread product options, a counterproductive effort where the goal is to increase whole grain consumption to specific populations generally not accustomed to consuming such products, including young children. Indeed, the Dietary Guidelines specifically observed that it may be difficult for younger children to achieve three servings of whole grains, and therefore recommended that children increase whole grains into their diets as they grow. Bread made with whole grains at less than 51% by weight can be an ideal "transition" food to introduce children to more whole grains.

ABA thinks it would be inappropriate to send consumers the message that only 100% whole grain products are considered "acceptable" by USDA. Studies such as the 2004 Koh-Banerjee noting changes in whole-grain, bran, and cereal fiber consumption in relation to 8-year weight gain among men<sup>3</sup> and 2004 Jensen Study regarding intakes of whole grains, bran, and germ and the risk of coronary heart disease in men<sup>4</sup> illustrate that the decrease in risk reduction is not significantly impacted by the whole grain content of the foods consumed. Moreover, products containing less than 100 percent whole grains are generally less expensive and therefore more practical for the program participants to include in their diet and maintain once they leave the program.

ABA recommends that 8 grams per labeled serving and per RACC would be most appropriate and would support increased consumption among the target population. This level would equal to one-half serving of whole grain. Incremental whole grain consumption at this level will add up and be beneficial in the diet. Additionally, this recommendation promotes consistency between government agencies such as USDA/FSIS that currently recommends 8 grams per serving as an appropriate level.<sup>5</sup> Lastly, ABA believes the use of "servings" will be easy for consumers to understand as they read food nutrition labels. This is particularly important in light of recent evidence that consumers have difficulty understanding food labels.<sup>6</sup> Use of RACC would help to standardize the amount of whole grain in varied serving sizes where nutrient value and calories could significantly vary.

### **Loaf Weight Increments**

ABA is also concerned over the restrictive loaf weight increments included in USDA's proposal. Typically, whole grain bread loaves weigh more than one pound, or 16 ounces. Therefore, ABA recommends changing the allowable weight to two, 24 ounce loaves for both women and children in the program.

ABA believes that all whole grain products should be allowed in the WIC program in an effort to be inclusive and respectful of a variety of cultural eating traditions. All members of the Poaceae (or Gramineous) family should be included but not limited to: whole grain wheat, whole cracked wheat, whole grain corn, whole grain oats (oatmeal), brown rice, whole grain bulgur, whole wheat durum flour, wild rice and whole grain barley flakes. While amaranth, buckwheat and quinoa are more expensive, they are pseudo-cereals and have similar grain benefits for program participants.

Additionally, ABA recommends WIC rules include all soft (not fried) whole grain tortillas instead of only whole wheat and corn tortillas. ABA is also concerned that the WIC program is allowing tortillas only if they are not made with added fats. While corn has sufficient inherent oil to meet such a standard, wheat and multigrain tortillas need added fat to make the product edible. Fat is also important for both processing (dough flow in machinery) and for storage stability (minimizes cracking). Logically, a wider selection of tortillas will enable program participants to eat more whole grains and add variety to their diet.

### **Folic Acid**

While USDA suggests in its proposal that “refined grains are not lacking in the American diet”, ABA believes this is not a completely accurate statement. Specifically, the Agency overlooks the opportunity to increase folic acid consumption in expectant mothers – the target population group that is not achieving its recommended folate intake.<sup>7</sup> Enriched breads are an excellent source of folic acid which is essential in the early stages of pregnancy and has been proven to reduce the risk of birth defects such as neural tube defects. With proposed cuts in juice consumption for WIC participants, which effectively cuts an additional source of folic acid for expectant mothers, enriched bread would be a good and economical source to maintain folic acid consumption for this targeted population. For this reason, ABA recommends that enriched bread be included in the program.

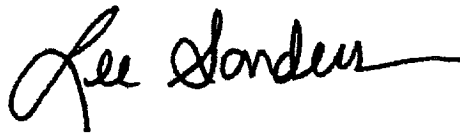
ABA has been involved in dialogue with FDA over the past two years regarding potential folic acid enrichment of standardized whole wheat flour and bread products and non-standardized whole grain bakery products. ABA believes that enrichment of such products would ensure that folic acid consumption levels do not decline as consumers follow the recommendation of the Dietary Guidelines for Americans to substitute whole grain products with enriched products in their daily diet. As the Dietary Guidelines recognized, enriched flour has significantly more total folate than that found naturally in whole grain flour. ABA has proposed that whole grain products be fortified to total folate levels equivalent to those mandated for their enriched counterparts, so that a “one-for-one substitution” would be achieved without any detrimental reduction in folate intakes. ABA suggests this is another effective way to ensure folic acid is included in the diets of expectant mothers.

### **Cost Neutrality**

USDA’s application of cost neutrality is forcing program cuts to reduce and even eliminate some key Institute of Medicine (IOM) recommendations that may be critical to increasing nutrition for WIC program participants. An example of such a cut would be the aforementioned cut in juice consumption impacting folic acid intakes. ABA is concerned that USDA is not considering overarching public health goals and the fact that cost neutrality may actually create health problems for program participants who depend on these packages for balanced nutrition in their diets. Taking a longer view, investing now to implement more fully the IOM’s recommendations is likely to reap savings in government expenditures later on, by assisting WIC participants in establishing good dietary practices that promote health and help prevent disease.

ABA appreciates this opportunity to provide comments on this proposal, which is of substantial importance to the baking industry. ABA would be happy to provide any further information on this matter that might be helpful to the agency.

Respectfully submitted,



Lee Sanders  
Senior Vice President  
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<sup>1</sup> See Liu S, Manson JE, Stampfer MJ, Hu FB, et al, Whole-grain consumption and risk of coronary health disease: results from the Nurses' Health Study. Am J Clin Nutr. 1999 Sep; 70(3):412-419.

<sup>2</sup> See Liu S, Sesso HD, Willett WC et al, Is intake of breakfast cereals related to total and cause-specific mortality in men? Am J Clin Nutr 2003; 77:594-599.

<sup>3</sup> See Koh-Banerjee P, Franz M, Sampson L, Liu S, Jacobs DR Jr, Spiegelman D, Willett W, Rimm E. Changes in whole-grain, bran, and cereal fiber consumption in relation to 8-y weight gain among men. Am J Clin Nutr. 2004 Nov; 80(5): 1237-1245.

<sup>4</sup> See Jensen MK, Koh-Banerjee P, Hu FB, Franz M, Sampson L, Gronbaek M, Rimm EB. Intakes of whole grains, bran, and germ and the risk of coronary heart disease in men. Am J Clin Nutr. 2004 Dec; 80 (6):1492-1499.

<sup>5</sup> See USDA/FSIS Interim Policy Guidance, "Use of the USDA MyPyramid Reference on Meat and Poultry Labeling and Whole Grain Claims," October 11, 2005, available at [http://www.fsis.usda.gov/OPPDE/larc/Claims/Food\\_Guide\\_MyPyramid\\_Policy.pdf](http://www.fsis.usda.gov/OPPDE/larc/Claims/Food_Guide_MyPyramid_Policy.pdf) ABA notes that this Policy Guidance would also allow whole grain statements to be made on products in which at least 51% of the grain components are whole grain, rather than restricting such statements to those in which 51% of the entire product is whole grain.

<sup>6</sup> See e.g., Rothman, RL et al, "Patient Understanding of Food Labels: The Role of Literacy and Numeracy," 31 Am. J. Prev. Med.; 2006: 391-398.

<sup>7</sup> See, e.g., Bentley, T.G.K., Willett, W.C., Weinstein, M.C., and Kuntz, K.M., "Population - Level Changes in Folate Intake by Age, Gender, and Race/Ethnicity After Folic Acid Fortification" 96 Am.J.Pub. Health 2006: 2040-2047 (Findings that the proportion of women aged 15-44 years who can consume more than 400 µg/day of folate has increased since fortification, but has not yet reached the FDA's 50% target and varies by race/ethnicity from 23% to 33%.